

Follow-up Survey Source Water Assessment and Protection (SWAP)

PWS ID#: _____ PWS Name: _____ Town: _____

1. What are the top 3 threats to your water supply?

- a. _____
- b. _____
- c. _____

Were these identified as part of your SWAP assessment? Yes ____ No ____

2. How useful is the assessment to your protection efforts?

Very useful ____ Somewhat useful ____ Not useful ____

3. Are you interested in working with DEP to implement protection efforts?

Very interested ____ Somewhat interested ____ Not interested ____

4. Do you have a source protection plan? Yes ____ No ____

5. Are you currently implementing any protection activities in the plan?

Yes ____ No ____

6. Would you be willing to provide Mass DEP with a copy of your plan?

Yes ____ No ____

7. What level of interest do you have in developing and implementing a Source Protection Plan? Very high ____ High ____ Moderate ____ Low ____ None ____

8. What do you perceive as barriers to developing and implementing a source protection plan?

____ Lack of available funding ____ Lack of technical assistance

____ Lack of community involvement ____ Lack of personnel resources

____ Lack of information on source protection

Other: _____

9. Do you work with a source protection committee with representatives from citizen's Groups, town officials, and other interested parties? Yes ____ No ____

10. Do you coordinate source protection efforts with neighboring communities?

Yes _____ No _____ Not applicable _____

If Yes, which communities do you work with? _____

Send to:

Drinking Water Program – Source Protection

MA DEP

One Winter Street – 6th Floor

Boston, MA 02108